DIT7 THEATDE DENTAL ADDLICATION TODAY'S DATE: REOUEST MADE BY: (Name of Organization, Company, or Individual Renting Theatre) PERSON IN CHARGE: ADDRESS _____ CELL #: WORK #: HOME # EMAIL: **EVENT/PURPOSE OF RENTAL:** ADMISSON CHARGE FOR THIS EVENT: DATE OF EVENT:_____ ADULT: \$_____ TIME: OPEN RITZ_____AM/PM STUDENT: \$_ PERFORMANCE_____ AM/PM CLOSE RITZ_____AM/PM PLEASE INDICATE BELOW IF YOU NEED TO USE: Please allot time for decorating and clean-up. Any changes or modification to open/close times must be requested 7 days before the event. TICKETBOOTH _STAGE LIGHTING Will the Ritz be used for Rehearsals? THEATRE OFFICE How Many? _____ DRESSING ROOM ___CONFERENCE ROOM REHEARSAL DATES:___ RECEPTION ROOM Attach another sheet of paper to list dates if need be. ___LOBBY ___PIANO TIME: OPEN RITZ_____AM/PM ___SOUND SYSTEM CLOSE RITZ AM/PM MARQUEE SIGN FOR OFFICE USE ONLY DATE RECEIVED_____BY_____AGREEMENT_SIGNED____ (ORGANIZATION MAKING REQUEST IS:) CIVIC COMMERCIAL/PROFESSIONAL NO. OF DAYS REHEARSAL______ NO. OF DAYS PERFORMANCE TOTAL NO. OF DAYS THEATRE IS TO BE USED **FEES DUE: PAYMENTS:** □ Deposit \$50.00 date: RENTAL REHEARSAL CLEAN-UP <less \$50.00 deposit> TOTAL SURCHARGE: TOTAL AMOUNT COLLECTED IN TICKET SALES: DATE PAID: TOTAL SURCHARGE DUE = \$ 25% UNDER \$5.00 / 20% FOR \$5.00 AND OVER